

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 305-5489

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/							51			
2		/						52			
3		/						53			
4		/						54			
5		/						55			
6		/						56			
7		/						57			
8		/						58			
9		/						59			
10		/						60			
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18		/						68			
19		/						69			
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37		/						87			
38		/						88			
39	/							89			
40		/						90			
41		/						91			
42		/						92			
43		/						93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	5							TOTAL IND.			
TOTAL DEP.	38	←	→	←	→	←	→	TOTAL DEP.	←	→	←
TOTAL CLAIMS	43	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]